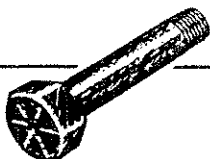


ELEVATION VIEW

PCS PLATFORM

SUSPECT/COUNTERFEIT PARTS



HEADMARK LIST

ALL GRADE 5 AND GRADE 8 FASTENERS OF FOREIGN ORIGIN WHICH DO NOT BEAR ANY MANUFACTURERS' HEADMARKS:



Grade 5
















Grade 8


GRADE 5 FASTENERS WITH THE FOLLOWING MANUFACTURERS' HEADMARKS:

MARK	MANUFACTURER	MARK	MANUFACTURER
	J Jinn Her (TW)		KS Kosaka Kogyo (JP)




GRADE 8 FASTENERS WITH THE FOLLOWING MANUFACTURERS' HEADMARKS:

MARK	MANUFACTURER	MARK	MANUFACTURER
	A Asahi Mfg (JP)		KS Kosaka Kogyo (JP)
	NF Nippon Fasteners (JP)		RT Takai Ltd (JP)
	H Hinomoto Metal (JP)		FM Fastener Co of Japan (JP)
	M Minamide Sieybo (JP)		KY Kyosi Mfg (JP)
	MS Minato Kogyo (JP)		J Jinn Her (TW)
	Hollow Triangle Infasco (CA TW JP YU) (Greater than 1/2 inch dia)		UNY Unytite (JP)
	E Daisel (JP)		

GRADE 8.2 FASTENERS WITH THE FOLLOWING HEADMARKS:

MARK	MANUFACTURER
	KS Kosaka Kogyo (JP)

GRADE A325 FASTENERS (BENNETT DENVER TARGET ONLY) WITH THE FOLLOWING HEADMARKS:

MARK	MANUFACTURER
Type 1 	A325 KS Kosaka Kogyo (JP)
Type 2 	
Type 3 	

Key: CA-Canada, JP-Japan, TW-Taiwan, YU-Yugoslavia

ANY BOLT ON THIS LIST SHOULD BE TREATED AS DEFECTIVE WITHOUT FURTHER TESTING.

OR, IF YOU SEE ANY INDICATION THAT A
CIRCUIT BREAKER MAY BE USED OR REFURBISHED
(SEE BULLETIN, NO. DOE/EH-0266)

**SUPPLY AND INSTALLATION OF SELF-SUPPORTING RADIO TOWERS
AND CONSTRUCTION OF RELATED IMPROVEMENTS TO EXISTING RADIO STATIONS**

List of Required Submittals

Submittal Number	Reference Specification	Description	Date Received	Date of Reply
1.	1.1.4.1	Construction schedule (within 10 days from award date)	_____	_____
2.	1.1.4.1	Weekly fax or email of proposed work for the next week by 3:00 p.m. on Thursday of each week	_____	_____
3.	2.1.5.2	Sample of proposed gravel paving material	_____	_____
4.	2.2.6	Two-day advance notice before placing road base material	_____	_____
5.	3.2.1	Drilled pier installation plan	_____	_____
6.	3.3.1	Concrete mix design	_____	_____
7.	3.3.3.1	Ready mixed concrete delivery tickets	_____	_____
8.	3.3.4	Proposed Concrete Testing Laboratory	_____	_____
9.	3.3.4	Cylinder test results	_____	_____
10.	4.2.2	Tower design calculations and data	_____	_____
11.	4.2.3	Approval drawings	_____	_____
12.	4.2.4	Final drawings	_____	_____
13.	4.3.2.4	Tower designer's qualifications and design certification	_____	_____
14.	4.3.3.3.2	Ladder-to-tower attachments	_____	_____
15.	4.3.3.4.1	Tower fall prevention system	_____	_____
16.	4.4.2.1	Anchor bolt assembly	_____	_____
17.	4.4.5	Certified mill test reports	_____	_____
18.	4.4.5	Anchor bolt assembly materials certifications before shipping	_____	_____
19.	4.6.1.2	Copy of welders' qualifications	_____	_____

Submittal Number	Reference Specification	Description	Date Received	Date of Reply
20.	4.11.2.2	Specified nonshrink grout	_____	_____
21.	4.12	Specified tower lighting system	_____	_____
22.	4.12.3	Specified lighting cable	_____	_____
23.	4.12.7	Specified tapes for cable-to-tower attachment	_____	_____
24.	4.13	Waveguide bridge configurations and post locations	_____	_____
25.	5.2	Cable Ladders	_____	_____
26.	5.3	Bulkhead Panels	_____	_____
27.	E-01	Contractor quality control plan (within 7 days from receipt of "Notice to Proceed")	_____	_____
28.	E-01	Notify Government when ready for pre-final inspection (after CQC manager has all punch list items corrected)	_____	_____
29.	E-01	Notify COTR when pre-final punch list items are completed	_____	_____
30.	E-02	7-day advance notice of base plate-to-tower leg welding	_____	_____
31.	E-02	Welding - copies of nondestructive testing reports	_____	_____

General Decision Number OK030021 06/13/2003 OK21

Superseded General Decision No. OK020021

State: Oklahoma

Construction Type:
HEAVY

County(ies):

ADAIR	GRADY	MURRAY
ALFALFA	GRANT	MUSKOGEE
ATOKA	GREER	NOBLE
BEAVER	HARMON	NOWATA
BECKHAM	HARPER	OKFUSKEE
BLAINE	HASKELL	OKMULGEE
BRYAN	HUGHES	OTTAWA
CADDO	JACKSON	PAWNEE
CARTER	JEFFERSON	PAYNE
CHEROKEE	JOHNSTON	PITTSBURG
CHOCTAW	KAY	PONTOTOC
CIMARRON	KINGFISHER	PUSHMATAHA
COAL	KIOWA	ROGER MILLS
COMANCHE	LATIMER	SEMINOLE
COTTON	LE FLORE	SEQUOYAH
CRAIG	LINCOLN	STEPHENS
CUSTER	LOVE	TEXAS
DELAWARE	MAJOR	TILLMAN
DEWEY	MARSHALL	WASHINGTON
ELLIS	MAYES	WASHITA
GARFIELD	MCCURTAIN	WOODS
GARVIN	MCINTOSH	WOODWARD

HEAVY CONSTRUCTION (does not include Sewer and Water Line
Construction Projects); Excluding The City of Muskogee.

Modification Number	Publication Date
0	06/13/2003

COUNTY(ies):

ADAIR	GRADY	MURRAY
ALFALFA	GRANT	MUSKOGEE
ATOKA	GREER	NOBLE
BEAVER	HARMON	NOWATA
BECKHAM	HARPER	OKFUSKEE
BLAINE	HASKELL	OKMULGEE
BRYAN	HUGHES	OTTAWA
CADDO	JACKSON	PAWNEE
CARTER	JEFFERSON	PAYNE
CHEROKEE	JOHNSTON	PITTSBURG
CHOCTAW	KAY	PONTOTOC
CIMARRON	KINGFISHER	PUSHMATAHA
COAL	KIOWA	ROGER MILLS
COMANCHE	LATIMER	SEMINOLE
COTTON	LE FLORE	SEQUOYAH
CRAIG	LINCOLN	STEPHENS
CUSTER	LOVE	TEXAS
DELAWARE	MAJOR	TILLMAN
DEWEY	MARSHALL	WASHINGTON
ELLIS	MAYES	WASHITA

GARFIELD MCCURTAIN WOODS
GARVIN MCINTOSH WOODWARD

SUOK2002A 05/11/1992

	Rates	Fringes
CARPENTERS	8.85	
CONCRETE FINISHERS	8.35	
FORM BUILDERS	7.00	
FORM SETTERS	7.60	
REINFORCING STEEL SETTERS	7.90	
FLAGPERSON	5.50	
LABORERS:		
Common laborers	6.10	
Air tool man	6.05	
Asphalt raker	6.55	
Asphalt shoveler	6.50	
Pipelayers	6.95	
MECHANIC	9.90	
PAINTER	7.50	
POWER EQUIPMENT OPERATORS:		
Asphalt distributor	7.05	
Asphalt Plant operator	8.60	
Asphalt paving machine	8.30	
Bulldozer operator	9.10	
Concrete paving machine	9.85	
Concrete saw operator	8.75	
Crane, Clamshell, Backhoe	8.40	
Crusher and screening plant op.	8.25	
Front End Loaders	8.50	
Mixer	8.20	
Motor grader operator	9.05	
Oiler	8.75	
Power broom operator	6.00	
Roller steel wheel	7.25	
Roller Pneumatic	6.70	
Scrapers	8.60	
Screed operator	8.70	
Pug mill operator	6.00	
Traveling plant operator	8.35	
TRACTORS:		
Crawler	6.50	
Pneumatic	7.10	
TRAFFIC SIGNAL INSTALLER	10.25	
TRUCK DRIVERS	7.25	

WELDERS - Receive rate prescribed for craft performing operation
to which welding is incidental.
=====

Unlisted classifications needed for work not included within
the scope of the classifications listed may be added after
award only as provided in the labor standards contract clauses
(29 CFR 5.5(a)(1)(ii)).

In the listing above, the "SU" designation means that rates
listed under that identifier do not reflect collectively
bargained wage and fringe benefit rates. Other designations
indicate unions whose rates have been determined to be

prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal

process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U. S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U. S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION

Name of Visitor/Assignee	
*First Name: _____	*Middle: _____
*Last: _____	
Form Determination Information	
*Facility to be visited: _____ Is this an off-site meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Select the Security Area Type at the Facility (choose highest area type in case multiple areas are to be visited): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Non-Security Area</div><div><input type="checkbox"/> Property Protection Area</div><div><input type="checkbox"/> Limited Area</div><div><input type="checkbox"/> Exclusion Area</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> MAA</div><div><input type="checkbox"/> Protected Area</div><div><input type="checkbox"/> SCIF</div></div>	
*Country of Employer: _____	
*Will sensitive subjects be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is this an IAP-66 (DS-2019) assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Does the Host have a clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Type of Request (check one): <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension of an Assignment <input type="checkbox"/> High Level Protocol Visit	
Biographical Information	
*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Is Visitor currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Green Card exp. date (mm/dd/yyyy): _____ S.S.#: _____
*Country of Citizenship: _____	*Date of Birth (mm/dd/yyyy): _____
*Country of Birth: _____	*City of Birth: _____
Aliases (optional): _____	
Employer Information	
Affiliation or Company Info:	
*Institution or Company Name: _____	Phone Number: _____
Street (1): _____	Fax Number: _____
Street (2): _____	E-mail Address: _____
City: _____	State: _____
Zip Code: _____	*Country of Employer: _____
*Title or Position and Duties: _____	
Visa Information	Passport Information
Visa Number: _____	Passport Number: _____
Visa Type: _____	Country of Issue: _____
Exp. Date (mm/dd/yyyy) _____	Exp. Date (mm/dd/yyyy): _____
Place of Work (if different from Employer)	
Company Name: _____	Phone Number: _____
Street (1): _____	Fax Number: _____
Street (2): _____	E-mail Address: _____
City: _____	State: _____
Zip Code: _____	Country of Employer: _____
Title or Position and Duties: _____	
Interpreter Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Business Type conducted by Employer: _____	
Educational Background: _____	
Field of Research: _____	
Accompanying Family Information: _____	
Additional Biographical Information:	
<i>Current U.S. Address:</i>	City: _____
Street (1): _____	State: _____
Street (2): _____	Zip Code: _____
<i>Permanent Address:</i>	City: _____
Street (1): _____	State: _____
Street (2): _____	Zip Code: _____
Remarks: _____	

Visit/Assignment Specific InformationType of Request: *Comes from Form Determination**Off Site Meeting? ☐ Yes ☐ No*Is this a High Level Protocol Visit? ☐ Yes ☐ No*Will Sensitive Subjects be discussed? ☐ Yes ☐ No*Select Area Type at the Facility: *Comes from Form Determination***Host Information**

*Host's First Name: _____ Middle: _____ *Last: _____

*Host's Citizenship: _____ *Phone: _____

Does Host have a clearance? ☐ Yes ☐ No**Visit Information**

*Desired Start Date (mm/dd/yyyy): _____ *Desired End Date (mm/dd/yyyy): _____

*Subject(s): _____

International Agreement Code: _____

*HDE Code: _____

*Justification of Visit/Assignment, including specific activities or involvement: _____

*Purpose of Visit: _____

Is the assignment for intermittent access periods? ☐ Yes ☐ No Number of Days On Site: _____Will there be interactions with individuals with Security Clearances? ☐ Yes ☐ No*List individuals:*

First Name: _____ Middle: _____ Last: _____

First Name: _____ Middle: _____ Last: _____

First Name: _____ Middle: _____ Last: _____

Is this Visit/Assignment for Employment? ☐ Yes ☐ No

*List Buildings and Rooms to be accessed:

Building: _____ Room: _____ Type: _____

Building: _____ Room: _____ Type: _____

Building: _____ Room: _____ Type: _____

*Cost to DOE: _____

*DOE Mission(s) that will be advanced by this Visit/Assignment:

*Anticipated benefits to DOE Programs:

*DOE Contact's First Name: _____ Middle: _____ *Last: _____

*DOE Contact's Phone: _____ (Note: must be a Federal employee)

*Will Visit/Assignment include transfer of technology? ☐ Yes ☐ No ☐ Unknown

If there is to be technology transferred, describe: _____

*Will Visitor/Assignee be granted computer access? ☐ Yes ☐ NoIf granted computer access, is the access on-site or off-site? ☐ On ☐ Off

List hardware and software to which access is granted: _____

Remarks/Comments (or additional information that did not fit above)

*Denotes Required Information